

**Program for Strengthening the Bolivian Health System
FORTALESSA – UNICEF**



**First and Second Report
October 2011 to March 2012
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**For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY**

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ACRONIMS

ALS	Health Local Agents
AWP	Annual Work Plan
CDC	Development Competencies Center
CONE	Obstetric and Neonatal Cares
CLS	Social Council in Health
HCI	Health Care Improvement
HPME	Bleeding on the First Half of Pregnancy
FIM	Institutional Municipal Pharmacies
FORTALESSA	Program for Strengthening the Bolivian Health System
GAVI	Global Alliance for Immunization
MCHIP	Maternal and Child Health Integrated Program
ONU	United Nations Organizations
PAHO/WHO	Pan-American Health Organization
PF	Family Planning
RH	Human Resources
SAFCI	Intercultural, Community and Familiar Health
SALMI	System of Administration and Logistic of Medicaments
SIAL	System of Information, Administration and Logistic
SNIS	National Health Information System
SNUS	National Unique Supplies Systems
SEDES	Departmental Health Service
TB	Tuberculosis
UNICEF	United Nations Infant Funds
USAID	United States Agency International Development

I. PURPOSE

To contribute to the well-being of the Bolivian population in the three departments prioritized and reduce health inequalities by increasing access and quality of health services and improving efficiency, equity, and accountability of the health sector

Result One: Operations systems and participatory management strengthened at all levels of the health system (Participatory Management and Leadership).

Result two: Access to and quality of intercultural healthcare increased and improved

Result three: Underserved rural population empowered to seek/obtain culturally appropriate health care. (Equity and Rights)

II. PROGRESS REPORT

According to the Annual Work Plan for 2011 – 2012, 4 products/activities were defined for the reported period aimed at guaranteeing the inputs necessary to start the comprehensive implementation of FORTALESSA, including the component implemented by PAHO/WHO

- To develop Work Plan and Implementation Plan
- To develop Monitoring and evaluation Plan
- To develop departmental and municipal plan
- Project Launching

Within the framework of the results of the Program and of this Program's results, the following advances are described: launch

October to December

During this quarter, UNICEF provided harmonization for the Program's initial stage, providing support to the creation of a technical team and a critical implementation path. During this phase, a number of agreements and work mechanisms were developed, working directly on the construction of standard tools for implementation, such as the results' joint matrix and the strategy and the planning methodology for the central level.

- ❖ Within the framework of a Management for Results process, a number of work sessions were held, which helped developing a proposal for a shared results framework making compatible the results of the Sectorial Development Plan and FORTALESSA's results. The joint results matrix becomes a basic tool to start programming
- ❖ During this same period, planning with the regulation level was achieved. In this process, action lines were defined that can be supported through the Project responding to the Health Sectorial Development Plan. Work sessions were held resulting in the formulation of seven Annual Plans with the regulation level of the Health Ministry. These plans became a reference for planning with departmental and local levels.

January to March

- ❖ Progress has been made in the construction of coordination tools, such as the functions of the Operating and Management Committees, based on the experience of the management model of the Health Sector's Support Program implemented by the Ministry of Health, with UNICEF's support and other counterparts, and which is part of Canada's cooperation.
- ❖ Tools are being constructed for Departmental programming, including a methodology and a planning format that can reflect the participation of all counterparts, the agenda and programming methodology. UNICEF assumes the responsibility for making known the programmatic offer, the strategic planning implementation and basic concepts for the programming of results, as well for facilitating, in general terms, programming at departmental and municipal levels. It is important to point out that this was a harmonious process in which all FORTALESSA's components were presented in articulation with de SEDES, underlining the added value and role of each participating counterpart. Of course this implies a process with strong concentration and negotiations within a framework of respect and with the participation of all concerned parties. It is a complex process, but it was achieved.
- ❖ A number of sessions were held with the Director of the SEDES for this project's appropriation and officializing. During this period, at the end of January and the beginning of February, new intervention territories were defined for La Paz. A technical and political activity was created because this was considered to be FORTALESSA's launching.
- ❖ Programming is performed with the SEDES of Chuquisaca and La Paz and municipal programming. As of now, we have 71 AWP's at the following levels: 57 municipal, 12 network management and 2 departmental
- ❖ In qualitative terms, it is important to point out that the following was achieved through planning: strengthening of leadership and command at the regulation level of the Ministry of Health (in accordance with the law of Autonomies), a wide participation of local authorities such as mayors, community vigilance committees, presidents of the municipal council and councilpersons. This became a timely space to achieve the planning that enabled the incorporation of the Ministry of Health's strategic lines linked to the community's demands and with a focus on Rights and Gender.
- ❖ The wide participation by other sectors also became a space to be able to make known FORTALESSA's cooperation in programming at population level, within the framework of the Social Control established by Bolivia's national policies.
- ❖ It is important to stress the fact that the planning methodology defined which municipalities were given priority, based on their specific health problematic. To do so, UNICEF provided support to the SEDEs to organize information and data analysis in accordance to results. In this fashion, the programming was focused on results, establishing specific goals by municipality, network and department.
- ❖ A number of joint work sessions were held with counterparts to define operating mechanisms and the coordination and implementation of joint work. (See Annex1)

Activities

- During this entire period, the following work tools were developed: functions of the Operating and Management Committees, planning matrixes that include each party's role, programming methodology at national, departmental and municipal levels, FORTALESSA's programmatic offer, including all its elements, etc.
- Approximately 24 work sessions with the Ministry of Health and the Technical Directorates of the Ministry of Health
- Project's launching with the participation of departmental authorities in La Paz
- Two departmental programming workshops; two workshops with the participation of municipalities and local authorities

- An approximate number of 30 work sessions with the departmental levels of La Paz and Chuquisaca to organize activities.
- After programming, two work sessions with departments to make operational and implement the AWP.
- Creation of technical work groups to standardize supervision methodologies and Data Analysis Committees.

Indicators

For the planning some of the indicators were taken from the proposal that can be obtained from the SNIS (National Information System), however, when the Baseline is emitted there will be a monitoring done of the complementary indicators. Following it is presented a indicators chart that have been taken as premise.

Baseline 2011 of Some Indicators							
Department/Municipalities LA PAZ	Diarrhea in < 5 years children	3rd dose of Pentavalent in < 1 year	Institutional care on birthdeliveries	Department/Municipalities CHUQUISACA	Diarrhea in < 5 years children	3rd dose of Pentavalent in < 1 year	Institutional care on birthdeliveries
BATALLAS	409	335	1335	ALCALA	311	63	514
CAIROMA	734	203	1453	AZURDUY	1310	285	2193
CAJUATA	709	183	1264	CAMARGO	1382	299	2548
CHULUMANI	658	441	2094	CAMATAQUI	244	62	410
COLQUIRI	670	538	2245	CULPINA	1926	499	3347
COPACABANA	305	245	938	EL VILLAR	382	61	599
CORIPATA	878	315	1798	HUACARETA\	698	236	1328
COROICO	568	290	1635	HUACAYA	271	57	426
EL ALTO	1799	4038	15408	ICLA	999	150	1610
ESCOMA	2	97	131	INCAHUASI	1956	391	3238
HUMANATA	70	82	318	CARRERAS	370	66	553
ICHOCA	84	95	281	MACHARETI	913	202	1323
INQUISIVI	499	268	1191	MOJOCOYA	578	163	1112
IRUPANA	747	224	1391	MONTEAGUDO	2954	554	5349
LA ASUNTA	2831	1049	5621	PADILLA	1225	213	2173
LICOMA PAMPA	153	45	295	POROMA	2128	400	3392
LURIBAY	380	159	834	PRESTO	1010	156	1650
MALLA	99	63	277	SAN LUCAS	4486	796	7395
MOCOMOCO	293	285	1073	SOPACHUY	795	150	1414
PUCARANI	667	565	2270	SUCRE	18061	6319	40349
PUERTO ACOSTA	185	204	631	TARABUCO	2144	436	3607
PUERTO CARABUCO	260	235	915	TARVITA	2178	320	3360
PUERTO PEREZ	127	93	396	TOMINA	1138	188	1853
QUIME	413	184	904	V. CHARCAS	1934	372	3144
SAN PEDRO DE TIQUINA	159	86	392	V. SERRANO	995	266	1802
TITO YUPANQUI	31	19	178	VACA GUZMAN	1004	225	1679
YACO	348	161	659	YAMPARAEZ	404	111	795
YANACACHI	311	106	11590	YOTALA	575	155	1076
				ZUDAÑEZ	725	132	1159
Subtotal La Paz	14389	10608	57517	Subtotal Chuquisaca	53096	13327	99398
Total Chuquisaca and La Paz	67485	23935	156915				

III. CHALLENGES

- To start a baseline to be able to measure the impact and processes coherently with the intervention's schedule
- Given that, in general, FORTALESSA's implementation includes a number of actors: PAHO/ WHO, Health Community Project (with three organizations working in conjunction), MCHIP, Deliver, HCI, seven Health Ministry Directorates, four departments, it is necessary to make progress, in the short run, in the coordination of operating and administrative mechanisms.
- Implementation of periodic strategies to reduce the risk associated to the rotation of authorities and operations personnel.
- Permanent monitoring to provide support to the execution of resources associated to the achievement of results.
- With the new ministers, we have to intensify the efforts to continue with this process.

Annex 1 Operating Coordination Matrix

Coordination Meetings with Partners - March 13, 2012

Objective: To identify the complementarity, synergy and coherence between cooperation actions

Organization	What	How-Reach	UNICEF	Mechanisms
Deliver (Patricia Saenz)	<p>Technical assistant on the Logistic Administration System of Medicines, Inputs and reagents</p> <p>Training strategy, implementation and supervision in the prioritized project areas</p> <p>Training and implementation of computerized systems SALMI and SIAL at departmental and national levels</p> <p>DELIVER participates including the logistic area and training in the specific tools. Departmental level for networks and municipalities. Reaches to health establishments by samples. 6 municipalities</p> <p>CHUQUISACA SEDES</p> <ul style="list-style-type: none"> - Consolidation workshop of the information in SIAL system for networks managements and municipalities - 2 Updated workshops on SALMI system for the Network I Sucre. - Updated workshop on the computerized SALMI and SIAL systems according to DS.1008. <p>Implementation of the monitoring systems on the medicines availability via SMS.</p> <p>Development of tools and procedures for the monitoring of medicine prescriptions</p>	<p>3 Municipalities 5 Municipalities</p> <p>18 FIM 5 Municipalities</p> <p>5 FIM of reference 18 FIM de</p> <p>5 Municipalities 73 FIM, including the FIM of reference</p>	<p>To guarantee the equipment in accordance to the regulations of the Ministry of Health and Deliver's specifications</p> <p>The activities indicated by Deliver are programmed in the AWP. If there are additional activities not programmed in the AWP, they will be complemented by consensus between Deliver, the Ministry of Health and the PAHO</p> <p>To ensure technical and financial assistance to the municipalities of Chuquisaca, activities have been included in the AWP</p>	<p>Technical Group</p> <p>Information Mechanisms: e-mail, network, coordination meetings</p> <p>Technical meetings: Composed by a larger group at the agency's installation, lessons learnt, risk management analysis</p> <p>Development of quarterly consolidated reports</p> <p>Sharing of technical reports: monitoring of the entire FORTALESSA by the PCS, means taking into account baselines, annual review and mid-term review</p>

Organization	What	How-Reach	UNICEF	Mechanisms
	<p>Integrated supervision workshop for SEDES' and networks' technicians</p> <ul style="list-style-type: none"> - Information analysis and needs programing workshop. - Logistic indicators evaluation <p><i>AZURDUY NETWORK</i></p> <ul style="list-style-type: none"> -Training workshop on SNUS, SALMI, SIAL -Replica of the information analysis workshop <p><i>PADILLA NETWORK</i></p> <ul style="list-style-type: none"> -Replica of the information analysis and needs estimation workshop <p><i>MONTEAGUDO NETWORK</i></p> <ul style="list-style-type: none"> - FIM of reference accreditation - Supervision and implementation of SALMI computerized system - Replica of the information analysis and needs estimation workshop <p><i>CAMARGO NETWORK</i></p> <ul style="list-style-type: none"> - Training supervision on SNUS, SALMI SIAL, crossed with AIEPI Nut - FIM implementation -Replica of the information analysis and needs estimation workshop <p><i>SUCRE NETWORK I</i></p> <ul style="list-style-type: none"> - Replica of the information analysis and needs estimation workshop <p><i>TARABUCO NETWORK</i></p> <ul style="list-style-type: none"> - Training supervision workshop to responsible of referenced FIM - Facilitative supervision of FIM in health establishments - Replica of the information analysis and needs estimation workshop 	<p>73 FIM, including the FIM of reference</p> <p>7 Municipalities</p> <p>2 Municipalities</p> <p>60 Health Establishments</p> <p>7 Municipalities</p> <p>3 Municipalities</p> <p>Departmental level</p> <p>14 networks and 2 urban municipalities</p> <p>28 Reference FIM of the prioritized area</p> <p>28 Reference FIM of the prioritized area</p> <p>Departmental level</p> <p>14 Networks and 2 urban municipalities</p> <p>28 Reference FIM</p> <p>8 implemented FIM</p> <p>Departmental level</p>		

Organization	What	How-Reach	UNICEF	Mechanisms
MCHIP Marjorie Viscarra, Jacqueline Reyes, Karina Cabrera)	<i>TOMAS KATARI NETWORK VII</i> - Replica of the information analysis and needs estimation workshop SEDES LA PAZ - Updated on computerized systems management SALMI, SIAL and SICOF according to DS 1008 at departmental level - Training workshop to referenced FIM in medicines acquisition - Pharmacies Unit supervision of referenced FIM - SNUS, SALMI-SIAL training to FM responsible (includes TB, contraceptives, essential medicines) - SIAL information consolidation workshop with the 24 coordination of the department network <i>NETWORK COORDINATIONS</i> <i>LOS ANDES NETWORK</i> - FIM implementation	Sucre Network I and Tomas Katari Network VII Departmental Level Pilot at Tarabuco Network		
	Integrated functional networks Includes: Implementation of a operative guide to strengthening SAFCI in the services networks coordinated with SEDES	Priorized: 2 Health networks of Chuquisaca (8 Municipalities) of Chuquisaca 2 Health networks of La Paz (10 Municipalities)	It will complement the Technical Assistance with the rest of the municipalities in both departments.	
	Continue quality improvement processes (forming/strengthening of Quality Committees in the services networks, including principal networks hospitals, standards monitoring, flow analysis users, ONU indicators, come out application surveys)			

Organization	What	How-Reach	UNICEF	Mechanisms
	<p>Technical supervision: supervisor workshops, supervisor facilitators will be formed for the network job.</p> <p>Health services technical assistance, via institutional (health services); in Mother Health includes: PF, Post abortion, bleeding of the first pregnancy quarter, obstetric essential neonatal cares (CONE basic and extended)</p> <p>Departmental facilitators forming in SM, CONE, PF, HPME & infection prevention Health services accreditation processes</p> <p>RH- Development Competencies Centers (CDC). Experiences systematization. Identification of normative and tools documents.</p>	There will be also reached the other municipalities not prioritized with punctual activities defined in the AWP's worked jointly with SEDES and FORTALESSA partners	The AWP's include activities that MCHIP needs to ensure its Technical Assistance. During implementation, in joint fashion, additional needs will be assessed	
HCI Horacio Espinoza, Luisa Mendizabal, Jorge Hermida	<p>Technical Assistance for TB for the Network of the Andes of El Alto</p> <p><u>Note:</u> consult with CTO if the agreement of the previous meetings is ratified where HCI will give technical assistance to TB in Chuquisaca and other municipalities of La Paz</p>	Network of the Andes of El Alto	<p>Technical assistance in both departments based on the package implemented by USAID</p> <p>HCI's activities for the Network of the Andes of El Alto included in AWP's</p>	

HEALTHY COMMUNITIES PROJECT

Topic	Area	UNICEF's Support	UNICEF's focal point	CS' focal point
Result 1				
Development of municipal health AWP	4 municipalities ¹	<ul style="list-style-type: none"> Payment for workshops (events) UNICEF can include a topic in these workshops: <i>Rights and management for results approach</i> If we want to include more municipalities, UNICEF should provide support through human and technical resources 	Pedro López	Paula Dorakis
Developing of planning instruments with the Ministry of Health		Technical assistance	Pedro López	Paula Dorakis
Identification and selection of the social structure of the SAFCI (ALS); conformation of the CLS		Technical assistance Financial support but without logistics. UNICEF cannot provide human resources support	Pedro López	Paula Dorakis
Work on raising community demand		Technical and financial assistance (to define details)	Pedro López	Paula Dorakis
Result 2				
Work with Health Community Agents	11 municipalities	<ul style="list-style-type: none"> Technical assistance (UNICEF has experience) Resources: UNICEF's financial support to be determined according to the meeting 	Leda Azad	Ramiro Llanque

¹ HCP has planned to work in two municipalities with technical and financial support in 2012. In coordination with UNICEF it was agreed to work with two more municipalities. In these four municipalities UNICEF will support the logistic development of the events and HCP in the technical assistance.

Topic	Area	UNICEF's Support	UNICEF's focal point	CS' focal point
Concerted quality	5 municipalities	<ul style="list-style-type: none"> Technical assistance: UNICEF knows about the ministry's model. GAVI Project: Oruro, Beni Meeting with quality program at national level 	Rosario Quiroga	Ramiro Llanque
Community reference and return system		<ul style="list-style-type: none"> Technical assistance Printing of UNICEF documents 	Rosario Quiroga	Ramiro Llanque
Result 3				
Gender and rights: <ul style="list-style-type: none"> Rights, leadership and command training for municipalities Financing of training workshops 	11 municipalities	<ul style="list-style-type: none"> Support to the development of curriculum Printing of documents To be defined the additional support according to the implementation 	Ivana Calle	Carmen Monasterios
Monitoring and Evaluation				
Baseline development		UNICEF's financial counterpart? (To define with USAID)	Carlos Gutiérrez	Jorge Abela

Annex 2 Story Lives

Agustina Senovia Chavez, President of the Municipal Health Council of Asunta: “The Municipal Councils have to provide much support to improve our children’s health”

Agustina Senovia Chaves is thirty six years old, mother of two children and president of the Municipal Council of Asunta, the municipality where she lives. Agustina, who participated last February in the workshop for the Programming of the SEDES and FORTALESSA Municipalities for



the department of La Paz, shows strong concern for the health of her neighbors and, above all, for the health of children and mothers. “Maternal mortality rates are very high in this municipality. Many mothers die while giving birth”. “In addition, infant mortality for children under five years old is also very high”. My child has suffered from strong diarrhea, high fever and vomits. My child has had high fever episodes since she was very small. Now, luckily, she’s fine. We are also concerned about dengue and our adolescents, who become pregnant when they are just fifteen years old”, says Agustina.

Agustina points out that there are many problems faced by the municipality and which directly interfere with people’s health. “In Asunta we don’t have potable water or basic sanitation and that’s the reason why our children become sick. The SEDES has provided health personnel for the municipality’s nine health centers, but we still have to improve the infrastructure and equipment. Many times, the lack of equipment forces us to take our children to other hospitals and this causes their diseases to get worst. In addition, there are many dispersed communities and the lack of available transportation forces people to walk for many hours while being sick”.

For all these reasons, Agustina has high expectations for the joint work to be performed through the FORTALESSA Project. “As president of the Health Social Council of Asunta, this is the first time I participate in this type of planning workshop. I believe it is very important to count on us for this new management (style) and for this space to be participative and for all (health agents, authorities and SEDES personnel) to be present, given that we can provide interesting information and can also learn from other municipalities’ experiences”.

In this regard, Agustina explains the areas she deems as essential to advocate on to improve children’s health. “We will work hard to reduce infant and maternal mortality. I also believe it is very important to train well health personnel because this will reduce the incidence of diseases. I believe that we also have to work on sexual-reproductive education. Our adolescents have to receive correct information and guidance aimed at preventing early or unwanted pregnancies or for them to catch sexually transmitted diseases”. Agustina also demands improvements to the care quality of patients. “At many of our health centers, attention is very slow; we always have to wait a long time, even for emergency cases”. “In addition, fair days are used by many country folk to go to the health centers and these are saturated with people. In these cases, patient care is not good”.

Juan Carlos Meneses, Doctor at Licoma

“FORTALESSA will be very positive to strengthen the relations between municipality, health personnel and the beneficiary population”

Juan Carlos Meneses is 32 years old and has been working for a year at the health center of Licoma, which provides attention to a population of approximately 3000 people. During last February's workshop for the Programming of the SEDES and FORTALESSA Municipalities for the department of La Paz, Carlos made balance of his municipality's health status. “At Licoma, there is no infant mortality, but the municipality has many other problems to deal with. I believe that FORTALESSA is going to contribute very positively to the strengthening of relations between municipality, health personnel and the beneficiary population. Thanks to the joint decisions we'll make, we will be able to deal with main health determinants. It is very important for this process to be participative since we can share criteria and adapted to other municipalities”.

Also, Juan Carlos identifies the lack of information and education on health matters as one of the main problems faced by his municipality. “Quiet often there are cases of early pregnancies and sexual transmitted diseases. Our young men and women lack sufficient information to prevent these events and there is strong opposition on part of the population for the doctor to give chats, because they feel that this will generate the opposite effect, that it will be an incentive for young men and women to have sexual relations”. Carlos also associates chronic malnutrition affecting children less than five



years old to a lack of appropriate nutritional information. “At Licoma there is no lack of food. The problem is that there is no correct caloric-protein distribution, which is why it is important to work on food guidance and to educate people on how to have a balanced diet”.

In addition, according to Dr. Meneses, up to now, the lack of financial resources “does not make possible the materialization of strategies put forward by the health center. We also lack human resources and have no lab technicians and nurses available. But now, with the support of UNICEF and USAID, we have resources and better technical assistance”. Also, the doctor states, at the municipality of Licoma there are 16 dispersed rural communities and, due to the lack of working roads and transportation “the residents of these communities have no access to health services. Many women give birth at their homes and other on the road because they don't reach the health center”.

For all these reasons, for Dr. Meneses, the importance of the FORTALESSA project resides on “its intention to have all participating sectors working together on health topics (municipality, health agents and population at large) to improve care quality”. As far as concrete goals for the municipality of Licoma are concerned, as Juan Carlos Meneses suggests, “the following should be our priorities for this term: the improvement of the operation of health social committees, the improvement of pregnant women's care and coverage for children less than five years old. Afterwards, we will have to deal with health determinants such as garbage collection, access to potable water or roads”.